



## STATE PROCUREMENT OFFICE

LEGAL AD DATE: October 1, 2004


### PUBLIC NOTICE No. PN-05-027-SW

### APPLICATIONS TO PROVIDE Information Technology Professional Services

WILL BE RECEIVED BY 4:30 P.M. (HST) ON

NOVEMBER 3, 2004

IN THE STATE PROCUREMENT OFFICE, KALANIMOKU BUILDING, 1151 PUNCHBOWL STREET, ROOM 416, HONOLULU, HAWAII 96813. DIRECT QUESTIONS TO MRS. DONN TSURUDA-KASHIWABARA, TELEPHONE (808) 586-0565, FACSIMILE (808) 586-0570 OR E-MAIL AT [donna.tsuruda-kashiwabara@hawaii.gov](mailto:donna.tsuruda-kashiwabara@hawaii.gov).

  
Ruth E. Yamaguchi  
Procurement Officer

**STATE OF HAWAII  
TO PROVIDERS OF  
INFORMATION TECHNOLOGY  
PROFESSIONAL SERVICES  
SOLICITATION FOR APPLICATIONS  
PN-05-027-SW**

The State of Hawaii Executive, Legislative, and Judiciary branches anticipate the need for Information Technology (IT) professional services. The purpose of this notice is to solicit and to establish a list of qualified IT Professional Service Providers (provider) with whom State agencies may, as funds become available, negotiate contracts for IT professional services, pursuant to Section 103D-304, Hawaii Revised Statutes (HRS). The list will become effective upon issuance and shall continue to be updated annually unless otherwise specified. Once effective, the list of qualified IT providers will be distributed to all State agencies and the selection process outlined in Section 103D-304, HRS, shall be followed.

Parties who are interested in being placed on the qualified list of Providers are requested to go to the State Procurement Office (SPO) website, [www.spo.hawaii.gov](http://www.spo.hawaii.gov). Select "Procurement Notices," then click on any of the islands. Search for PN-05-027-SW, and click on "more info" to obtain an electronic copy of this procurement notice. A provider interested in responding to this solicitation shall need to register by fax or e-mail. If an interested provider fails to register with the SPO, it will not receive any addendum issued, which may render its application noncompliant.

**For Registration**

<b>Submit FAX or E-MAIL to:</b>	<b>FAX No.:</b>	<b>(808) 586-0570</b>
	<b>E-mail Address</b>	<b><a href="mailto:robert.zamarron@hawaii.gov">robert.zamarron@hawaii.gov</a></b>

**Provide the following Information:**

- |   |                       |
|---|-----------------------|
| - Name of Company                       | - Mailing Address     |
| - Name of Contact Person                | - Telephone Number    |
| - Facsimile Number                      | - E-Mail Address      |
| - Fedex (or equivalent) account number* | - Solicitation Number |

*(\*Note: If requested, the hardcopy of the solicitation can be mailed to provider; however, the hardcopy will be sent by U.S. Postal Service first class mail if Fedex or equivalent account number is not provided. Provider is advised that hardcopy is approximately 200 pages.)*

The completed applications shall be received by the State Procurement Office, 1151 Punchbowl Street, Room 416 by 4:30 p.m. (HST) on **NOVEMBER 03, 2004**.

Questions regarding the specifics of the IT task services listed should be directed to Mr. Wayne Sasaki, ICSD, telephone (808) 586-1940 extension 343 or e-mail [wayne.t.sasaki@hawaii.gov](mailto:wayne.t.sasaki@hawaii.gov). For all other questions regarding this solicitation, call Mrs. Donn Tsuruda-Kashiwabara, SPO, telephone (808) 586-0565, or e-mail [donna.tsuruda-kashiwabara@hawaii.gov](mailto:donna.tsuruda-kashiwabara@hawaii.gov).

## **OVERVIEW AND APPLICATION PROCESS.**

1. The application shall be submitted in two parts.
  - a. The first part requires the submission of three (3) types of printed documents as outlined in Part I, Documents Required In Hard Copy Format.
  - b. The second part requires the electronic submission of provider's application in the format specified in Attachment A, APPLICATION FORMAT and Attachment D, IT Professional Services Qualification Form (approximately 200 pages). Both of these documents shall be submitted on CD or standard diskette as specified in Part II.
2. This Public Notice is formatted as a Word document and consist of three (3) sections.
  - a. The first section is the Public Notice solicitation and instructions including the sections that cover Attachment A, APPLICATION FORMAT and Attachment B, REQUIRED DOCUMENTS.
  - b. The second section is Attachment C, Application to Provide Information Technology Professional Services Form (OF-1). This form shall to be printed out, completed, signed and submitted to the SPO by the specified due date.
  - c. The third section is the Attachment D, IT Professional Services Qualification Form. **Do not** print the third section (IT Professional Services Qualification Form) without first scaling to fit. **Provider is advised that this form is approximately 200 pages.**
3. The information provided on the provider's application as described in the APPLICATION FORMAT and the IT Professional Services Qualification Form shall be made available electronically to all State departments and agencies.

## **PART I: Documents Required In Hard Copy Format**

1. Interested providers shall submit as paper documents the following:
  - a. Attachment C, Application to Provide Information Technology Professional Services Form (OF-1): A copy of this form is included with this Public Notice. The form shall be completed. Provider is responsible for the clarity and accuracy of the information given.
  - b. Certificates for compliance with Hawaii Revised Statutes Section 3-122-112, hereinafter referred to as ACT 52: Refer to Attachment B, REQUIRED DOCUMENTS for information and instructions on obtaining these certificates.
  - c. Any other pages/forms in connection with this solicitation that require original signatures shall be included. The signature pages shall be made part of the official record.
  - d. Other than the hard copy documents required in Part I, Documents Required In Hard Copy Format, **no other paper shall be accepted**. If there are any brochures or other documents, they should be included on the CD in the appropriate PDF, JPEG, or Word format.
2. Instructions for submitting documents:
  - a. Every page in provider's application or associated with its application shall have a page footer identifying provider's company name and include a page numbering system that indicates the total number of pages in the document. This is to insure that all the pages submitted are present in provider's application and are identifiable.

- b. Place all hard copy documents (Part I) and the CD or diskette (Part II) in an envelope and seal. Provider's name, address and contact person should be prominently displayed on this envelope.

**PART II: Documents Required For Submission On CD**

1. Provider shall submit the following on CD:
  - a. Provider's application as described in Attachment A, APPLICATION FORMAT.\*
  - b. The completed IT Professional Services Qualification Form\* for each task provider wants reviewed and qualified.

*(\*Provider is advised that these are two separate documents.)*

2. Instructions for submitting electronic documents on CD:
  - a. The file name on the CD for the document required as described in Attachment A, APPLICATION FORMAT shall be named APPLICATION. The file name for the IT Professional Services Qualification Form submittals shall be named QUALIFICATION.
  - b. Each task for which provider wants to apply, provider shall mark on the corresponding IT Professional Services Qualification Form an "A" under the column marked "W/A" and provide the information required by the remaining columns.
  - c. Provider shall not print out the IT Professional Services Qualification Form because the table, column and row properties may alter in the process.
  - d. The State will accept Adobe Acrobat 5.0 or Word 2000 documents machine-readable with a Pentium 4 PC or equivalent with 128MB on CD or standard diskette.
  - e. The electronic documents should be locked to prevent inadvertent modifications.
  - f. There are no restrictions to other literature or information being placed on the CD submitted except that it be relevant to the stated purpose of this Public Notice. However, provider qualification shall be based solely on the information provided as described in the APPLICATION FORMAT and as provided on the IT Professional Services Qualification Form.
  - g. Every page in the APPLICATION or associated with the APPLICATION shall have a page footer identifying provider's company name and a page numbering system that indicates the total number of pages in the document. This is to insure that all of the pages submitted are present in provider's APPLICATION.

**INFORMATION FOR PROVIDERS CURRENTLY ON THE QUALIFIED LIST:**

1. If provider's company is already on the Qualified List of Services Providers and provider wants to add additional tasks, provider shall mark on the appropriate IT Professional Services Qualification Form an "A" under the column titled "W/A" and **provide** the information required by the remaining columns.
2. If provider needs to make changes to existing information other than a name change, provider shall indicate its change(s) on Attachment C, Application to Provide Information Technology Professional Services Form (OF-1).

3. If provider needs to make a name change, provider shall indicate its name change with a cover letter on its company's letterhead with a summary of the reason for the name change. This document shall be signed and include a document or corporate resolution authorizing the person signing the letter to do so. Include these documents as provided for by sub-item "c" in, PART I, Documents Required In Hard Copy Format.
4. If provider is currently qualified for a task and wishes to withdraw from that task, provider shall mark on the appropriate IT Professional Services Qualification Form a "W" under the column titled "W/A".
5. Provider is informed that keeping the contact information current for the qualified providers is a time consuming task. This process is manual in nature and generally takes a minimum of two months. It is required that changes made to the Providers' List be communicated to the SPO. However, if provider's company is able to establish a web site that will contain all of the contact information required on the Attachment C, Application to Provide Information Technology Professional Services Form (OF-1), the State will address the time delay by distributing the URL as part of this year's contact information. This will enable your provider's company to maintain its most current contact information to the State.

## **APPLICATION FORMAT**

The Applications shall be sectioned as follows:

### **Section I – Statement of Interest**

- Letter of interest indicating the name of the firm or individual, principal place of business, and location of all of its offices. You should also include the information regarding any changes to contact information or company name changes.
- You must include an **unsigned** copy of your completed "Application to Provide Information Technology Professional Services Form" (OF-1) that you submitted in hard copy. A copy of this document is attached to this Public Notice.

### **Section II – General Background**

- The age of the firm and its average number of employees over the past years, or the period of time the individual has been in business.
- A short paragraph, not more than one half page typed, describing the firm and its capabilities.

### **Section III – Education, Training and Experience**

- Describe your company's education and training policy.
- Any other relevant information on the firm's experience, expertise, and past performance including but not limited to the quality of work, cost, and ability to meet schedules.

### **Section IV – Additional Literature/Information**

- Any promotional or descriptive literature which the firm or individual desires to submit on CD. You should list the file names and a short description.

## REQUIRED DOCUMENTS

Reference Responsibility of Contractors in Section 3-122-112, HAR. Contractor shall attach documents with application to demonstrate compliance with this section.

**Responsibility of Contractor.** Reference §3-122-112, HAR, Responsibility of Offerors. At the time of application submittal, Contractor shall produce documents to the procurement officer to demonstrate compliance with this section.

**HRS Chapter 237 tax clearance requirement for award.** Instructions are as follows:

Pursuant to §103D-328, HRS, lowest responsive offeror shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. It must be valid on the date it is received by the SPO.

The tax clearance certificate shall be obtained on the State of Hawaii, DOTAX TAX CLEARANCE APPLICATION Form A-6 (Rev. 2003) which is available at the DOTAX and IRS offices in the State of Hawaii or the DOTAX website, and by mail or fax:

DOTAX Website (Forms & Information): <http://www.state.hi.us/tax/alphalist.html#a>  
DOTAX Forms by Fax/Mail: (808) 587-7572  
1-800-222-7572

Completed tax clearance applications may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch, to the address listed on the application. Facsimile numbers are:

DOTAX: (808) 587-1488  
IRS: (808) 539-1573

The application for the clearance is the responsibility of the Offeror, and must be submitted directly to the DOTAX or IRS and not to the SPO. However, the tax clearance certificate shall be submitted to the SPO.

**HRS Chapters 383 (Unemployment Insurance), 386 (Workers' Compensation), 392 (Temporary Disability Insurance), and 393 (Prepaid Health Care) requirements for award.** Instructions are as follows:

Pursuant to §103D-310(c), HRS, the lowest responsive offeror shall be required to submit a certificate of compliance issued by the Hawaii State Department of Labor and Industrial Relations (DLIR). The certificate is valid for six (6) months from the date of issue and must be valid on the date it is received by the SPO. A photocopy of the certificate is acceptable to the SPO.

The certificate of compliance shall be obtained on the State of Hawaii, DLIR APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR, Form LIR#27 which is available at [www.dlir.state.hi.us/forms/ApplicationforCertificateofCompliance.pdg](http://www.dlir.state.hi.us/forms/ApplicationforCertificateofCompliance.pdg) or at the neighbor island DLIR District Offices. The DLIR will return the form to the Offeror who in turn shall submit it to the SPO.

The application for the certificate is the responsibility of the offeror, and must be submitted directly to the DLIR and not to the SPO. However, the certificate shall be submitted to the SPO.

**Compliance with Section 103D-310(c)(1) and (2), HRS.** Pursuant to section 3-122-112, HAR, the lowest responsive offeror shall be required to submit a *CERTIFICATE OF GOOD STANDING* (Certificate) issued by the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division (BREG). The Certificate is valid for six months from date of issue and must be valid on the date it is received by the SPO. A photocopy of the certificate is acceptable to the SPO.

To obtain the Certificate, the Offeror must first be registered with the BREG. A sole proprietorship, however, is not required to register with the BREG, and therefore not required to submit the certificate.

On-line business registration and the Certificate are available at [www.BusinessRegistrations.com](http://www.BusinessRegistrations.com). To register or to obtain the Certificate by phone, call (808) 586-2727 (M-F 7:45 to 4:30 HST). Offerors are advised that there are costs associated with registering and obtaining the Certificate.

**Timely Submission of all Certificates.** The above certificates should be applied for and submitted to the SPO with application submittal. If a valid certificate is not submitted on a timely basis, a submittal otherwise responsive and responsible may not be considered.



**APPLICATION TO PROVIDE INFORMATION TECHNOLOGY (IT)  
PROFESSIONAL SERVICES  
PN-05-027-SW**

Procurement Officer  
State Procurement Office  
State of Hawaii  
Honolulu, Hawaii 96813

Dear Sir:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Terms and Conditions, dated September 1, 1995, by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned represents: (**Check one only**)

- ☐ A **Hawaii business** incorporated or organized under the laws of the State of Hawaii;  
**OR**  
☐ A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.

State of incorporation: \_\_\_\_\_

Offeror is:

- ☐ Sole Proprietor    ☐ Partnership    ☐ Corporation    ☐ Joint Venture  
☐ Other \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_

Hawaii General Excise Tax License I.D. No.: \_\_\_\_\_

Payment address (other than street address below): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business address (street address): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Respectfully submitted:

Date: \_\_\_\_\_ (x) \_\_\_\_\_

Authorized (Original) Signature

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Name and Title (Please Type or Print)

E-mail Address: \_\_\_\_\_  
\* \_\_\_\_\_  
**Exact Legal Name of Company (Offeror)**

\*If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed: